

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full SAVE REYNOLDSBURG SCHOOLS, JAMES H. SMITH, TREAS.							
Full Name of Contributor ROBERT STAMPS					Registration Number, if PAC		
Street Address 1686 NORMA RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43229	M 0 4	D 3 0	Y 0 9	Amount 50.00	
Full Name of Contributor JENNIFER CHOMIN					Registration Number, if PAC		
Street Address 6078 ROSELAWN AVE		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43232	M 0 4	D 3 0	Y 0 9	Amount 50.00	
Full Name of Contributor TERRANCE HUBBARD					Registration Number, if PAC		
Street Address 5887 RAVINE VIEW CT		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43231	M 0 5	D 0 1	Y 0 9	Amount 100.00	
Full Name of Contributor TAMMY YOCKEY					Registration Number, if PAC		
Street Address 8389 VEGA RD		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State O H	Zip Code 43004	M 0 5	D 0 1	Y 0 9	Amount 80.00	
Full Name of Contributor MISC CONTRIBUTORS					Registration Number, if PAC		
Street Address 7244 E MAIN ST		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 5	D 0 1	Y 0 9	Amount 10.00	
Full Name of Contributor JOY BEER					Registration Number, if PAC		
Street Address 7056 LEMERT LN		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City REYNOLDSBURG	State O H	Zip Code 43068	M 0 5	D 0 7	Y 0 9	Amount 50.00	
Full Name of Contributor FIFTH THIRD BANK					Registration Number, if PAC		
Street Address FIFTH THIRD CENTER		Employer/Occupation/Labor Organization* OCCUPATION			Form (Cash, Check, etc.) CHECK		
City CINCINNATI	State O H	Zip Code	M 0 5	D 2 8	Y 0 9	Amount 750.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,090.00